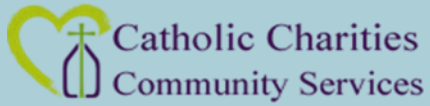


Refugee Health Promotions

Serving Refugees with Chronic Illness

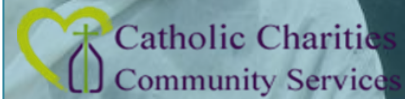


Refugee Health Promotions

Who We Are

Refugee Health Promotions (RHP) is a state-funded, collaborative pilot program between the International Rescue Committee, Catholic Charities Community Services and the Refugee Women's Health Clinic (RWHC).

RHP's goal is to increase the capacity for regional behavioral health providers to access and treat Arizona's refugees.



Serving Refugees With Chronic Illness

Through this training, providers will...

- **Learn** about the international, national, and local resettlement process in relation to refugee health
- **Learn** about service eligibility for refugees with health issues
- **Learn** about important cultural considerations in providing services to refugees with chronic health care needs



Refugee Resettlement

A refugee is primarily defined as a person who has fled their home country and is unable or unwilling to return, owing to persecution or a well-founded fear of persecution based on...

- Race
- Religion
- Nationality
- Membership in a social group
- Political opinion



Refugee Resettlement

- The United States does not require a person to demonstrate their ability to achieve economic self-sufficiency or integration potential as a condition for admission as a refugee.
- This includes the admission of refugees with physical or behavioral health needs, who are often some of the most fragile individuals admitted for resettlement.



Refugee Resettlement

A refugee may have a chronic health condition due to the following reasons:

- Torture or trauma incurred during conflict
- Lack of and/or limited health care services available; either in country of origin or refugee camp/urban refugee setting
- It is a pre-existing condition *separate* from the individual's refugee experience



Refugee Resettlement

Additionally, the following factors may also impact refugee health:

- Malnutrition as a result of limited food options or food rations, either in refugee camp or urban refugee setting—especially for children
- Poor sanitation systems or access to clean water (cholera, parasites, etc.).
- Overcrowded living conditions resulting in health issues (lead exposure, TB, hepatitis, etc.).



Overseas Health Screening

The Center for Disease Control's (CDC) Division of Global Migration and Quarantine (DGMQ) provides the medical screening guidelines to the Department of State (DOS) and the U.S. Citizenship and Immigration Services (USCIS).

<http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination.html>



Overseas Health Screening

A medical examination is required for all refugees entering the United States and all applicants outside the U.S. applying for an immigrant visa.

The purpose of the examination is to identify if an individual has an inadmissible health-related condition.

Aliens applying for non-immigrant visas may also be screened if there is reason to suspect an inadmissible condition exists.



Overseas Health Screening

For refugees, the medical screening occurs overseas and is conducted by a panel physician, who has an agreement with a local U.S. embassy or consulate general to perform immigration medical examinations.

For immigrants already residing in the U.S., including those adjusting status to permanent residence, this is conducted by a civil surgeon.



Overseas Health Screening

Inadmissible conditions include:

- Communicable diseases of public health significance
- Mental health condition associated with harmful behavior
- Substance abuse or substance-induced disorders



Overseas Health Screening

The overseas medical screen also allows for refugees to receive medical interventions as needed prior to arriving to the United States:

- Immunization against vaccine preventable diseases
- Administration of presumptive therapy for parasite diseases (nematode infections, malaria)
- Treatment is required before immigration for certain conditions (TB, certain STDs, Hansen's disease)



Overseas Health Screening

The medical examination includes:

- Physical examination
- Mental health evaluation
- Syphilis Serologic testing
- Review of vaccination records
- Chest radiography, including additional steps if tuberculosis is detected



Overseas Health Screening

Health Conditions of public health significance have **two** classifications:

Class A: Conditions that preclude an immigrant or refugee for entering the United States.

*However, they may be issued a visa waiver after treatment, or a waiver of ineligibility if approved by USCIS.



Overseas Health Screening

Health Conditions of public health significance have **two** classifications:

Class B: Physical or mental conditions, disease, or disability serious enough or resulting in a permanent condition, that impacts their normal well-being.

Follow-up recommendation is provided to resettlement agencies in this instance.



Overseas Health Screening

The overseas medical screen is valid for up to one year if a refugee does **not** have a Class A or Class B medical condition.

If there is a Class A or Class B condition identified, the medical screen will have a shorter validity depending on the condition, from 6 months to 3 months.



Overseas Health Screening

Resettlement Agencies receive an “Overseas Medical Report” prior to the refugee’s arrival, consisting of the medical screening results, identification of any preexisting conditions, as well as recommendations and timelines for treatment.



Overseas Health Screening

Limitations of the Overseas Medical Screen/Report:

- Some refugees may not have a documented history of a medical condition
- A refugee may obtain a condition after the screen and prior to arrival



Overseas Health Screening

Limitations Continued:

- Some refugees may have cultural barriers or fear to disclose a condition (rape, torture), especially if no resulting medical condition is immediately apparent.
- Some countries are able to provide greater detail of information than others



Domestic Medical Screen

Resettlement agencies are required to assist refugees to obtain an additional medical screening in the United States *within 30 days* after arrival to U.S.

The Refugee Medical Assistance Program (RMA) covers the cost of the initial health screen, which in Arizona is operated by the Arizona State Refugee Resettlement Program (RRP) through the Department of Economic Security (DES).



Domestic Medical Screen

- In *Maricopa County*, the Maricopa County Department of Public Health provides the initial health screening.
- In *Pima County*, Banner Health provides the initial health screening.
- Health Screening results are communicated directly to the refugee, and appropriate follow-up and referrals are provided.



Domestic Medical Screen

Resettlement agencies are required to communicate with the *State Refugee Health Coordinator*, housed in the Arizona Department of Health Services (AZDHS) regarding medically fragile cases.

For some cases, agencies may collaborate with a health care provider prior to arrival, depending on the severity of the condition.



Access to Health Care

- All qualifying refugees and refugee beneficiaries are eligible to receive Medicaid (AHCCCS).
- Resettlement agencies assist newly arrived refugees to apply for Medicaid within the first few days of arrival.
- Refugees may also be eligible for supportive services such as: Arizona Long Term Care System (ALTCs), Supplemental Security Income (SSI), Division of Developmental Disabilities (DDD)



Access to Health Care

- Refugees with chronic health conditions may require medical intervention prior to their health screening.
- Some refugees may arrive with a *medical escort*, who assists them with health care needs, or in the event of an emergency during transit to U.S.
- Some refugees with urgent conditions may need to be assisted to see a physician, ER, shortly after or upon arrival.



Access to Health Care

Refugee Health Statistics in Arizona, a snapshot of **chronic health conditions** in Adults:

- Hypertension
- Diabetes
- High Cholesterol (Dyslipidemia)
- Coronary Artery Disease (CAD)
- Allergic rhinitis (Hay Fever)

Note: Obesity is also common in these populations which may cause or exacerbate some of the above.

**Data courtesy of Maricopa County Health Department.*



Access to Health Care

Other common health conditions in Adult Refugee populations:

- Latent TB
- Orthopedic conditions (back, knee, neck pain)
- Ophthalmology (needing eye glasses, cataracts)
- Dental decay, dentistry
- Parasitic infections
- Anemia (mostly female, ovulating)
- Obesity
- PTSD
- Depression
- Anxiety

**Data courtesy of Maricopa County Health Department.*



Access to Health Care

Refugee Health Statistics in Arizona, a snapshot of common health conditions in children:

- Anemia
- Dental decay, cavities
- Dermatology (skin) issues
- Latent TB
- **Elevated lead levels***
- Parasitic infection, GI
- **Cognitive/behavioral development delays**
- **Asthma, allergic rhinitis**

**Data courtesy of Maricopa County Health Department.*



Common Barriers to Care

The following are common barriers that can impact health care access:

- Refugees apply for AHCCCS upon arrival into Arizona; they may have to wait up to 45 days to be approved for AHCCCS
- Overseas medical report is often not recognized as a formal evaluation, information may not constitute a formal diagnosis



Common Barriers to Care

Refugees arrive to the United States with a limited or incomplete knowledge of the health care system in the United States, and thus need support and assistance in accessing care:

- Concept of medical insurance and process
- Concept of referrals and provider requirements
- Accessing a pharmacy
- Concept of co-pays
- ER, versus urgent care, vs PCP, vs 911



Refugees and Chronic Illness

For refugees with a chronic illness, they may arrive with medication to supply them for a few days to a few weeks prior to being seen by a health care professional.

Some refugees may view their chronic illness as a disability vs. a health condition that is manageable.

Resettlement stressors may in some cases, exacerbate a health condition (ex: hypertension).



Refugees and Chronic Illness

Some refugees may have experienced a disruption in medical care while seeking safety.

Some refugees may have difficulty remembering dates and details of their health history due to nature of refugee experience, trauma.

However, there are also very positive cases of resiliency and strength where some refugees are able to recover or become stable after arrival.



Common Barriers to Care

It is important that refugees receive early medical interventions and diagnosis.

In addition to the importance of receiving care, refugees must obtain citizenship within 7 years of arrival in order to maintain important supportive services, such as SSI and ALTCS.

While there is a medical waiver (N-648) that can be obtained for the citizenship exam, it requires extensive medical history and diagnosis.



Refugees and Chronic Illness

Some refugees may not have had the opportunity to explore or be exposed to supportive services. As such, they may not be aware of available resources that are common in the U.S.

Example: A refugee may not be aware that he or she may be eligible for upgraded equipment such as a hearing aid through supportive services or organizations, etc.



Cultural Considerations

Cultural considerations are important to health care providers. Awareness of the following may assist the provider in obtaining more accurate information about a refugee's health history in a timely manner.



Cultural Considerations

Gender may play an important role in working with a refugee.

For some refugees, the use of same gender practitioner to patient (as possible) may be preferential.

This is especially important in instances of OB-GYN related issues with women. Some women may never have had a pelvic exam.



Cultural Considerations

Some refugees are new to the concept of Western medical model. Some may utilize a combination of traditional/religious healing in combination with medical treatment.

Managing expectations is important. Some refugees may have an expectation that certain conditions can be cured quickly or treatment may occur quickly after arriving in the U.S.



Cultural Considerations

Ask about an individual's literacy level. Some may not be able to read after care directions or prescription/dosage requirements, even in their native language.

Some refugees, particularly those who have been in protracted refugee camp situation, may "save" medication and ration dosages, appearing to be non-compliant with treatment.



Cultural Considerations

Some cultures may view certain conditions differently than the Western model.

Example: A Somali woman who has experienced Female Genital Cutting (FGC) may not disclose this to her doctor, as she may view this as a cultural rite of passage into woman hood, therefore not viewing this as a medical issue.



Cultural Considerations

Some refugees may be survivors of torture or sexual gender-based violence.

For some, their symptoms may be psychosomatic, relating physical pain to emotional trauma that may be taboo to discuss.

It is always good practice to be mindful of this aspect, and that in these cases, refugees may disclose at later dates as rapport is effectively built.



Cultural Considerations

Families, including extended family and community elders, may play a role in decision making, particularly around important medical issues, such as birth options, surgeries, etc.

It may be helpful to ask in advance if a refugee requires family or community members present pertaining to medical decision making, particularly in the event of possible high-risk/emergency situation.



New Concepts

The following may be new concepts to refugees and you may need to take additional time to explain:

- Patient/Client confidentiality
- Informed consent
- Release of information
- Instances where confidentiality is broken
- Involuntary vs. voluntary treatment
- Ability to ask questions about care/treatment



Phoenix Refugee Agencies

**Catholic Charities
Community Services**



**International Rescue
Committee**



Refugee Focus



**Arizona Immigrant and
Refugee Services**



Tucson Refugee Agencies

**Catholic Community
Services**



**International Rescue
Committee**



Refugee Focus



Arizona State Refugee Resettlement Program

The Arizona State Refugee Resettlement Program (RRP) is under the responsibility of the State Refugee Coordinator, and provides a variety of longer-term services to refugees in Arizona.

<https://des.az.gov/services/aging-and-adult/arizona-refugee-resettlement-prog>



Arizona State Refugee Resettlement Program

The Arizona State Refugee Health Coordinator (SRHC) is housed in the Arizona Department of Health Services, and oversees the Refugee Health Program.

<http://www.azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/refugee-health/index.php?pg=faqs>



Additional Resources

- Bridging Refugee Youth and Children's Services: <http://www.brycs.org/>
- CDC: Center for Disease Control:
<http://www.cdc.gov/immigrantrefugeehealth/exams/medicalexamination.html>
- Center for Applied Linguistics: <http://www.cal.org/>
- Center for Survivors of Torture: <http://cstnet.org/>
- Department of Health and Human Services, Office of Refugee Resettlement, Refugee Health: <http://www.acf.hhs.gov/programs/orr/programs/refugee-health>
- Refugee Health Technical Assistance Center: <http://refugeehealthta.org/physical-mental-health/mental-health/>
- Refugee Women's Health Clinic: <http://www.refugeewomensclinic.org/>

